CITY OF EL PASO TRAVEL REQUEST

At Least 15 Working Days PRIOR to Travel, Complete Form and Submit To: Department Head Within 10 Days AFTER Return Attach All Receipts and Submit To: Department Head

| SACADEMENTAL STATE SACADEMENT STATE SACADEMENT STATE SACADEMENT STATE SACADEMENT STATE SACADEMENT STATE SACADEMENT SACAD | NAME: | | | EMPLOYEE NO. | | TION/TITLE: | DEPARTMENT: | | DEPARTMENT: | DATE SUBMITTED: | | |
|--|--|--------------------|-------------------------|----------------|--------|---------------------------|---|-------------|---------------------------|-----------------|---|--|
| TRANSPORTATION: | PURPOSE OF TRAVEL: | | | | | | | | | | | |
| TRANSPIRATION: Price to travel fill not Free Price to travel fill not Free Price | DEPARTING LOCATION: | | | | | | () - | | | Derr. | | |
| Tree | From: | | | | | Date and Hour - Departure | | | | | | |
| To | | Date a | Date and Hour - Arrival | | | | | | | | | |
| Prior to towel fill tout FSTHATFE EXPENSE STEPRISE STEPRIS | | | | | Date a | and Hour - Departu | ıre | | | | | |
| TIEM | | | | | | and Hour - Arrival | | | | | | |
| TIEM | | 1 | | | | | | | | | | |
| TEM | | | | | | | | | | | | |
| TIEM | | | | | | | EM ENGERER OR | | | | | |
| TRANSPORTATION: | ITEM | | | Vendor through | Aı | | | | | · Aı | | |
| Airfare | ¹ TRANSPORTATION: | by P-Card | | Voucher | Paid | 1 by Employee | | P-Card | through Voucher | | Employee | |
| Vehicle City | | \$ | - | - | \$ | _ | \$ | - | \$ - | \$ | | |
| Miles | | ' | | | | | | | , | | | |
| Restal Car | • | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ | - | |
| ShortleTaxi | | \$ | _ | \$ - | \$ | _ | \$ | _ | \$ - | \$ | | |
| Long In Column Status St | | ' | | | | | | | , | | | |
| Hotel | Shuttle/Taxi | \$ | - | - | \$ | - | \$ | - | \$ - | \$ | - | |
| Hotel | ² LODGING AND MEALS: | | | | | | | | | I | | |
| # Nights Rate: \$ night | | \$ | _ | \$ - | \$ | | \$ | _ | \$ - | \$ | | |
| # Days | | | | | | | · | | , | | | |
| Total Cost of Seminar/Registration fees (attach copy of agenda) | | \$ | - | \$ - | \$ | - | \$ | - | \$ - | \$ | - | |
| Total Cost of Seminar/Registration fees (attach copy of agenda) | | 1 | | | | | | | | | | |
| Gatach copy of agenda) | | 1 | | <u> </u> | | | | | | | | |
| # OTHER: Describe : S - S - S - S - S - S - | | \$ | _ | _ | \$ | _ | \$ | _ | \$ - | | _ | |
| Column Total | | Ψ | | Ψ | Ψ | | Ψ | | Ψ | Ψ | | |
| Column Total Sum of Total Columns (1+ 2 + 3) Account/Fund/DeptID/Class/Grant or Project: Account/Fund/DeptID/Class/Grant or Project: Employee *: Department Head/Budget Authority: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Department Head/Budget Authority: Date: Department Head/Budget Authority: Date: Date: Date: Date: Date: Double: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | (Describe): | | | | | | | | | | | |
| Column Total \$. \$. \$. \$. \$. \$. \$. \$. \$. \$ | | \$ | - | \$ - | | - | \$ | - | \$ - | \$ | - | |
| Column Total Sum of Total Columns (1+ 2 + 3) Account/Fund/DeptID/Class/Grant or Project: Account/Fund/DeptID/Class/Grant or Project: Account/Fund/DeptID/Class/Grant or Project: Final Payment Reconciliation: Amount owed to City (3 - 6) Amount owed to Employee (6 - 3) Employee *: Date: Department Head/Budget Authority: Date: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Department Head/Budget Authority: Date: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | (1) | | (2) | | | (4) | | (5) | (6) | | |
| Sum of Total Columns (1+2+3) \$ - Sum of Total Columns (4+5+6) \$ - Account/Fund/DeptID/Class/Grant or Project: Final Payment Reconciliation: Amount owed to City (3-6) \$ - APPROVALS PRIOR TO TRAVEL: Employee *: Department Head/Budget Authority: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Department Head/Budget Authority: Date: Date: Date: WWW.QSa.QOV Employee *: Department Head/Budget Authority: Date: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | Column Total | \$ | _ | - | \$ | - | \$ | | s - | \$ | | |
| Account/Fund/DeptID/Class/Grant or Project: Amount owed to City (3 - 6) Approvals Prior to Travel: Employee *: Department Head/Budget Authority: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Department Head/Budget Authority: Date: Date: Date: Date: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | Sum of Tota | 1 Col | umns $(1+2+3)$ | | _ | | Sum of T | otal Columns (4 + 5 + 6 | \$ | | |
| APPROVALS PRIOR TO TRAVEL: Employee *: Department Head/Budget Authority: Department Head/Budget Authority: Department Head/Budget Authority: Department Head/Budget Authority: Date: SAPPROVALS AFTER TRAVEL: Employee *: Date: Date: Date: MWW.gsa.gov NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | | | | | | | | | | | |
| APPROVALS PRIOR TO TRAVEL: Employee *: Department Head/Budget Authority: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: APPROVALS AFTER TRAVEL: Employee *: Date: Date: Department Head/Budget Authority: Date: Department Head/Budget Authority: Department Head/Budget Authority: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | | | | | | i - | | | | | |
| Employee *: Department Head/Budget Authority: DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Employee *: Date: GSA Website for hotel and meals per diem; WWW.GSa.gov Employee *: Department Head/Budget Authority: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | | | | | | Amount owed to City (3 - 6) | | | \$ | - | |
| Department Head/Budget Authority: Demonstrated Provals After Travel: Demonstrated Provals After Travel: Department Head/Budget Authority: Description of All expenditures (excluding payments for per diem) | APPROVALS PRIOR TO TRAVEL: | | | | | | Amount owed to Employee (6 - 3) \$ | | | | - | |
| DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: GSA Website for hotel and meals per diem; | Employee *: | | | | Date: | | | | | | | |
| APPROVALS AFTER TRAVEL: Employee *: Department Head/Budget Authority: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | Department Head/Budget Authority: | | | | | | | | | | | |
| APPROVALS AFTER TRAVEL: Employee *: Department Head/Budget Authority: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: | | | | | | GSA Website for hotel and meals per diem: | | | | | |
| Employee *: Department Head/Budget Authority: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures (excluding payments for per diem) | | | | | | | | | 10100 101 110001 0110 111 | P C | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Employee * : Date: Department Head/Budget Authority: Date: NOTE: Receipts are required for ALL expenditures DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: (excluding payments for per diem) | APPROVALS AFTER TRAVEL: | | | | | | | WWW dea dov | | | | |
| DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: Date: (excluding payments for per diem) | Employee *: | | | | Date: | | | | <u>god.go</u> | _ | | |
| DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: Date: (excluding payments for per diem) | Danartmant Hand/Dudget Authorite | | | | Date | | | | | | | |
| DCM, CPO, CFO, Managing Director, or Asst. to CM, if applicable: Date: (excluding payments for per diem) | Department Head Budget Futurotity. | | | | | | NOTE: Receipts are required for ALL expenditures | | | | | |
| | DCM, CPO, CFO, Managing Director, o | or Asst. to CM, if | appl | icable: | Date: | | | | | | - | |
| | | | | | 1 | | | | | | | |